Kirsten's responses to questions/comments in the chat:

From Stephen Utts to Everyone: 12:21 PM
Practice leadership should link provider wellness to the team based approach as well. Evidence suggests that team care reduces physician burnout which is an epidemic
Do you use advanced access scheduling? YES - we have same day appointments by team and PCPs mostly have same and next day appts as well. 99% of the patients on my schedule are mine and where there is no continuity it is most often because I do a procedure not done by that PCP.

Do you use scribes for EHR entry? YES we have a pilot in place for providers who only speak English and providers love it - it really does reduce the burden of notes, but I still suspect that is because we continue to write too much in notes. In the "old days" notes were really just to communicate to the next provider or to yourself essential information about the visit and any decisions. Notes now are more about billing than patient care, honestly.

That is much better than having a practice partner who doesn't know your patient cover when you are away. See the answer above, we don't have a system that allows patients to see folks they don't already know or whom they are meeting for the first time to form a relationship with for the future.

From steven costantino to Everyone: 12:21 PM
https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/
From steven costantino to Everyone: 12:39 PM
https://www.statnews.com/2018/11/01/crusade-physician-burnout-preach-resilience-not-that-simple/
Agree with this and will add my take on the issue:
https://www.athenahealth.com/insight/lets-stop-telling-doctors-cultivate-resilience

From Kathryn to Everyone: 12:22 PM
Could you share how you educate the patients about how the team works and their responsibility in the team?
We have scripts for receptionist for the day prior to a visit and staff who refer to a visit as with a "team" rather than with an individual.
We have patient handouts which have pictures of the team when possible and list the titles and functions of each team member for new patients to the practice.
We list the teams on our business cards so when patients use them to call to make appointments they can see who is on their team.

From steven costantino to Everyone: 12:22 PM
interesting different perspective on physician burnout

From Stephen Utts to Everyone: 12:30 PM
Thanks for article Steve. Agree.
I think we need to find a way to tell the human story of team care for political discourse which always seems to be about access rather than improved delivery. I talked about this with Beto O'Rourke at a fundraiser and he said a discussion about these issues don't sell at a rally, but I think a story could convey this best
We have lots of stories to tell about team! Happy to share any time.

From Jennifer Hone to Everyone: 12:30 PM
Agree; story best way to convey

From Amy Baruch to Everyone: 12:37 PM
@Stephen Utts - did you negotiate that rate with them? Are there benchmarks for e-consult pay?
From Stephen Utts to Everyone: 12:39 PM
Amy, that was what they offered. I can do 15 consults an hour.
From Jennifer Hone to Everyone: 12:38 PM
I do eConsults for $25 each in California and Texas…
From Stephen Utts to Everyone: 12:31 PM
We are using Leading Reach for specialty access via eConsults in Austin. Key is having properly redacted patient clinical info
This problem goes away when you can use specialists from within your health system. We can share all PHI that way. We have teleDerm, TelePsych, with video as well as chart based econsults for endocrine, Neuro, ID and Rheum. We have a culture of asking each other questions and giving advice without the formality as well and give awards to collaborative colleagues each year to reinforce that.

From Amy Baruch to Everyone: 12:32 PM
How did you get your specialists to agree to e-consults? My understanding is there is no reimbursement for this. Was there any concern from a medicolegal standpoint about e-consults?
Our specialists are mostly salaried now so there is only joy in getting to see patients in the office who actually need to be there and not the constant stream of folks who don't even know why they were sent in for the consult. We started 10 years ago defining our referral culture and how we communicate with each other so the patient needs stay at the center and relationships between providers are respectful and timely. This work has more than paid off.

From Stephen Utts to Everyone: 12:36 PM
How about virtual home visit with Health Coach & FaceTime?
I do eConsults for an hourly payment from Community Care for $225/hour, but they are their own payor.
We have looked into using FaceTime like tech for hospital discharges (you can see your PCP team before you leave the hospital) but using RNs has worked more efficiently and they have developed their own powerful systems to make sure we wrap our arms around them appropriately. Also, less cost.

As I mentioned in the webinar, most patients prefer to remain unseen for televisits. In terms of trying to schedule our home based CHWs to do a call with a provider, again, I think this is where RNs are key - they have more time flexibility and are more patient focused in that warm and fuzzy way. Provider roles really to diagnose and treat, many home visits don't have much of that component actually, Usually that part is done and we are managing known diagnoses, which is best done by teams.

From steven costantino to Everyone: 12:37 PM
I find that one of the biggest roadblocks is to get Dr's CFO's to cross the threshhold from ffs to value based models particularly when the FFS model has been profitable. So much talk about transormation but little on the implementation side. Obviously value based practice is part of thier DNA and they have been at it for a while. How do we get practices to transform that have not had the experience of a cambridhe,kaiser or geisinger. Is it the toe in the water or do we force them to dive right in?
CMS is solving that problem for us - already this is year one of the penalties that will affect all practices which do not engage in MIPS or MACRA. So the message is clearly, change now or lose money. I'm happy to give more detail on this as needed. The CMS websites are actually wonderful for these programs, check them out here: https://qpp.cms.gov/mips/overview

From Stephen Utts to Everyone: 12:38 PM
Data suggests if you have 20% of your time doing something meaningful , burnout much reduced.
From Katherine Milligan to Everyone: 12:38 PM
Kirsten, re your finding about burnout (no burnout unless you ask about burnout). There is a 2019 ALP group working on a provider survey in a different system who had the same counterintuitive finding.
I would argue that we can get medicine back to 100% meaningful is we insist on it! I find very few tasks than enrage me now that I have well developed teams which center on the patient. Most of my current frustration is when I have to interact with systems outside of our own - then things go back to silly.
In terms of this burnout question vs the questions designed to isolate the drivers of burnout - it may be that the job of taking care of others remains a burden, and that we will always burnout to a certain extent by choosing to walk with others in their suffering.

From Amy Baruch to Everyone: 12:39 PM
What was the timeline for converting from a traditional clinic model to an IPU model?
CHA started this journey in 2000 with a Health Homes Asthma initiative funded by RWJ.

From heatherfarley to Everyone: 12:40 PM
Great presentation, Kirsten!
From Stephen Utts to Everyone: 12:40 PM
Oak Street in Chicago started with FFS Medicare, but recruited to advantage plans as it worked out better for their patients

From Stephen Utts to Everyone: 12:43 PM
Payers redoing well with Medicare Advantage
From steven costantino to Everyone: 12:43 PM
not all
From Stephen Utts to Everyone: 12:43 PM
Most
From steven costantino to Everyone: 12:43 PM
PA providers struggling a bit on advantage
From Stephen Utts to Everyone: 12:44 PM
Depends on how much risk you are willing to assume.More risk, more gain share
From steven costantino to Everyone: 12:44 PM
good question eric
From Stephen Utts to Everyone: 12:44 PM
Oak St doing great

From Jim Henning (MHCDS '16) to Everyone: 12:41 PM
hey…do you measure adherence and "function" parameters across patient with similar morbidities, relate them to the particular teams that support them and re-audit and/or redirect your care model?
We are required to measure HEDIS and many other measures (524 discrete measures actually!) and can use these to risk adjust our panels and look for best practices in outcomes across teams. All of our data is transparent and shared across the organization, so I can see how any team is performing at any point in time with information from the prior month. We use these tools to direct outreach and our complex care work.

From Jim Henning (MHCDS '16) to Everyone: 12:44 PM
thinking out load here, but, I think of "alliance" as a partnership not just between team members but between patients and their support teams. How do you think about holding patients accountable (maybe too strong a word) to the expectations teams have of them?
I view my profession as one of service to the patients I both see and am responsible for on my panel. Part of my job is to listen carefully for the barriers to care, self care and empowerment that patients in our system have and work with them to get back to a focus on health. I find that relationship is the best way to tease all of these factors apart and work with patients to both define and achieve their goals. Often goals are not the same goals of insurance companies or even what I learned in medical school. We have had more success with reaching the HEDIS style goals when we abandon them in favor of patient driven goals, however. Seems like a bit of a zen thing actually. In stopping the constant blaming-drumming-disapproving conversations about why someone is not at a goal they never set for themselves (think, weight loss, or A1c control) we have had much improved success with even our most difficult cases on exactly the metrics that we abandoned. That said, most of my patients who are not at A1c control have significant barriers to medications, exercise and diet and often can't sustain the change for long. Poverty is still the

primary driver of how healthy they are. But they got there once, and know they can do it again when they can let that third job go, or can afford to stop sharing meds with their wife or even stop having to choose between food and medication co-pays.

From steven costantino to Everyone: 12:47 PM
are they at full risk in the capitation?
From Stephen Utts to Everyone: 12:47 PM
Yes
From steven costantino to Everyone: 12:48 PM
no risk corridors
stop loss
gain share
From Stephen Utts to Everyone: 12:50 PM
Don't have an answer for the granular aspects, but they are aggressive in risk assumption for cycle of care
From steven costantino to Everyone: 12:51 PM
not a criticism curious about the arrangement
From Jim Henning (MHCDS '16) to Everyone: 12:53 PM
forgive me for needing to jump on another meeting. I enjoyed your presentation and would love to hear more! jhenningmd@gmail.com
From steven costantino to Everyone: 12:58 PM
What is there payor mix

From Stephen Utts to Everyone: 12:58 PM
Cleveland Clinic trains teams now, so all members of a team are trained together so residents are trained to be comfortable with team care
Here is a link to our residency program - they are a leader in team care in a training environment and integrated BH especially for addictions! They also do the coolest community programs as part of their Population Health curriculum.
https://www.challiance.org/academic/family-medicine-residency

From Me to Everyone: 01:00 PM
kkmeisinger@gmail.com
kmeisinger@challiance.org
From Kevin Bader to Everyone: 01:00 PM
Great job Kirsten, I am looking at employing similar IPU ideas for the treatment of substance abuse as a chronic condition with the VA...I'll be in touch!
From Oleg Timoshenko to Everyone: 01:00 PM
Link for MHCDS evaluation:
https://dartgo.org/meisinger

CME/CNE available here:
https://dartgo.org/IPU-CME
From Me to Everyone: 01:01 PM
Kev - it works really well, our BH integrated teams do amazing work and have amazing results!
From Stephen Utts to Everyone: 01:01 PM

Great presentation Kirsten!
From Alexandra.jasinowski to Everyone: 01:01 PM
Thank you! Great presentation!
From Bernard's iPad to Everyone: 01:02 PM
that was great Kirsten,
!
From Me to Everyone: 01:02 PM
thanks, Bernard's iPAD! :)